

SOME FINE PRINT:

¹Hospital charges

Hospital charges are assessed per “benefit period.” A benefit period begins the day you go to a hospital or skilled nursing facility, and ends when you haven’t received any hospital or skilled nursing facility care for 60 days in a row. Days 1-90 are renewable each benefit period, while days 91-150 are only available to be used once.

²Skilled Nursing Facilities

To qualify for this coverage, you must enter a Medicare certified facility within 30 days of discharge after an inpatient hospital stay of at least three days. Also, you must receive daily skilled treatment of the same medical condition which caused your hospitalization.

³Part B Deductible

You must pay the first \$124 of the Medicare Approved Amount during this calendar year.

⁴Excess Charges

In addition to Medicare coinsurance, you pay for charges higher than Medicare’s Approved Amount, unless the provider agrees to accept Medicare’s Approved Amount as full payment for services rendered (accepts assignment). Physicians who do not accept assignment of a Medicare claim cannot charge more than the Limiting Charge set by Medicare, generally 15% above the Medicare Approved Amount.

*Blood Deductible

Both Part A and Part B have a blood deductible. You pay for the first three pints of blood you receive, unless you or someone else donates blood to replace it.

SHIIP

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Medicare Benefit Information

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Part A

Most people do not pay a monthly premium for Medicare Part A.

HOSPITAL CHARGES¹	In 2005, You Paid....	In 2006, You Pay....
For the first 60 days....	\$912	\$952
For each of the 61st-90th days....	\$228	\$238
For each of the 91st-150th days....	\$456	\$476
Beyond 150 days....	All	All

SKILLED NURSING FACILITY CHARGES²	In 2005, You Paid....	In 2006, You Pay....
For the 1st-20th days....	Nothing	Nothing
For each of the 21st-100th days....	\$114	\$119.50
Beyond 100 days....	All	All

Part B

The Medicare Part B premium in 2006 is \$88.50 per month.

SERVICES	In 2006, Medicare Pays....	In 2006, You Pay....
Medical expenses (physicians' services, physical therapy, speech therapy, etc.)	80% of the Medicare Approved Amount (after \$124 deductible ³)	\$124 deductible and 20% of the Medicare Approved Amount, plus allowable excess charges ⁴ above approved amount

The descriptions and payment levels listed above offer a brief outline of Medicare benefits and co-payment amounts. Greater detail and expanded explanations can be obtained from Medicare (1-800-633-4227) or a SHIP volunteer (1-800-234-7119).